

PHILIPPINE SCIENCE HIGH SCHOOL SYSTEM
CAMPUS: _____

PARENT'S / GUARDIAN'S WAIVER
STUDENT LEAVE PASS

- ☐ I am allowing my child to go home **ALONE** on weekends and/or during non-school days.
- ☐ I am **NOT** allowing my child to go out of the Residence Hall on a weekday/weeknight **WITHOUT ADULT SUPERVISION**.

Should there be any untoward incident that happens to my child outside the campus, the Residence Hall Management and PSHS-_____ will NOT be held liable for it. I take full responsibility to monitor my child once my child receives the student leave pass.

Signature Over Printed Name of Student/Grade Level
Date: _____

Signature Over Printed Name of Parent / Legal Guardian
Date: _____

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PARENT'S / GUARDIAN'S WAIVER
CRITICAL INCIDENT

May I request that my child, who is in critical condition, be allowed to stay at the residence hall on
(date)_____ because

_____.

Should any untoward incident happen to my child inside the campus, the Residence Hall Management and PSHS-_____ will NOT be held liable for it. I take full responsibility to monitor my child. I shall therefore take her home as soon as possible.

Signature Over Printed Name of Student/ Grade Level

Signature Over Printed Name of Parent / Legal Guardian

Date: _____

Date: _____

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